IDAHO STATE DEPARTMENT OF EDUCATION

TEACHER CERTIFICATION/PROFESSIONAL STANDARDS

APPLICATION PACKET

for

AA- TEACHER TO NEW CERTIFICATE

DIRECTIONS

(Only complete packets will be considered. Please submit ALL material at one time. Please refer to the checklist at the bottom of the *District Request* form. This will tell you if you have a complete packet, or not.)

A. The first-time request:

1. Obtain an application packet:

Call the Office of Teacher Certification (332-6800) to request that an application packet be sent to your district, or one can be obtained on the Internet at www.sde.state.id.us/certification/altroutes.asp. Please **do not** use any old versions of the Letter of Authorization application that you may have in your files.

2. Local agency responsibilities:

When you receive the application packet, the local education agency and the individual for whom the AA—Teacher to New Certification is being requested need to complete all forms, gather all material, answer all questions, and submit all information at one time. Incomplete packets will not be submitted to the Professional Standards Commission (PSC).

3. Forms and materials that need to be completed and gathered are:

- a) The District Request for Approval of a Letter of Authorization (2 pages) This is the basic application blank for the AA--Teacher to New Certification process. The Chairperson of the local school board (or other educational agency) must sign this form along with the superintendent or his/her designee. This is the form on which the local School Board affirms that a declaration of a hiring emergency has been recorded in official board minutes. A letter stating the rationale of the need for this particular application should accompany the application.
- b) **Teacher Information Form** (1 page) The individual for whom the request is being made fills out this form. It must include a plan or a list of the course work to be completed in order to achieve the necessary certification. This plan must be verified by an accredited college/university. The Office of Teacher Certification can provide the plan if it is to achieve a certificate or an endorsement for a basic education classroom teacher (K-12).
- **4.** <u>Supervision:</u> The district must be sure to fill out the questions concerning the person who will be responsible for the day-to-day supervision/mentoring of the applicant. (HINT: the PSC Authorizations Committee is of the opinion that the building principal is probably not the best supervisor/mentor for some specialty areas like Speech/Language Pathologists or School Psychologists.)
- **5. Board minutes:** A copy of the school board minutes documenting the declaration of a hiring emergency must accompany the application packet. The minutes may be sent

at a later date if there is a conflict between the application timeline and board meeting dates.

- **6.** <u>Support information:</u> If deemed to be appropriate, documentation **may** also be included in the form of:
 - a) information attesting to the teacher's ability to serve in the requested position;
 - b) Letters of Recommendation; and when applicable,
 - c) a written statement from the college/university indicating;
 - 1) acceptance into an approved program toward certification; and/or,
 - 2) progress being made toward certification.
- 7. <u>Individual's resumé:</u> Please include such items as education and work experience.
- **8.** <u>Official transcripts</u>: These are required before the approval can be issued. In an emergency, a copy may be considered for **evaluation purposes ONLY**. An official transcript must be submitted promptly as soon as it is practical to do so. No approvals will be granted until official transcripts are on file in the Bureau of Certification.

(NOTE: A delay in receiving pertinent transcripts will cause a delay in processing.)

- **9.** <u>Fees:</u> Attach a check for the required fee of \$100.00 payable to the Idaho Department of Education.
- **10.** <u>Finger-prints</u>: If the individual has not been fingerprinted as a teacher in your district, they must also submit fingerprint cards and the \$40 fee for processing.

B. Subsequent Requests for Renewal:

Any requests for the renewal of the AA—Teacher to New Certificate need to include:

- 1. A completed application form (B1);
- 2. A check for \$100.00;
- 3. Official college/university transcripts to show that nine (9) semester credits that apply toward the desired certification have been successfully completed during the first year of the approval. If less than nine hours have been completed, the Professional Standards Commission will consider the circumstances based on explanations from the candidate, the local education agency, and/or the college/university;
- 4. If the individual is in the midst of a formal program (i.e., Special Education), a letter from the college/university stating that satisfactory progress toward program completion is being made.

DISTRICT REQUEST

for approval of

Alternative Authorization —Teacher to New Certification (TO BE FILLED OUT BY A DISTRICT ADMINISTRATOR)

1. This request for an Alternative Authorization – Teacher to New Certification is being made on behalf of:

Address City State Zip Phone 2. The Request: This request for approval of an AA—Teacher to New Certification is being made by: School District (or other Educational Agency) Name and Number Street address or PO Box Number City, State, and Zip Code We, the undersigned, have: a) declared that a hiring emergency for this position exists in our district; b) that this declaration is recorded in official minutes of the Board of Trustee meeting; and, a copy of the minutes are attached to this application. Signatures: Chairperson of the Local School District or educational agency Superintendent of Schools or chief officer 3. The Position 1. What is the specific position for which this request is being made? Elementary subject area (if other than basic classroom) Secondary subject area(s) Other (counselor, school nurse, etc.) 4. The Immediate Supervisor/Mentor 1. Who will be the designated supervisor/mentor? 2. What position does the supervisor/mentor hold? 3. What qualifications make this person an appropriate supervisor/mentor? What qualifications make this person an appropriate supervisor/mentor? What qualifications make this person an appropriate supervisor/mentor?	Last Name	First Name	Middle Initial		Social Security #
Certification is being made by: School District (or other Educational Agency) Name and Number Street address or PO Box Number City, State, and Zip Code We, the undersigned, have: a) declared that a hiring emergency for this position exists in our district; b) that this declaration is recorded in official minutes of the Board of Trustee meeting; and, c) a copy of the minutes are attached to this application. Signatures: Chairperson of the Local School District or educational agency Superintendent of Schools or chief officer 3. The Position 1. What is the specific position for which this request is being made? Elementary subject area (if other than basic classroom) Secondary subject area(s) Other (counselor, school nurse, etc.) 4. The Immediate Supervisor/Mentor 1. Who will be the designated supervisor/mentor? 2. What position does the supervisor/mentor hold?	Address	City	State	Zip	Phone
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3. What qualifications make this person an appropriate supervisor/mentor?	2. What position	n does the supervisor/mentor hold	1 ?		
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5. The Applicant							
1. In what year was the applicant's initial bachelor's degree earned?							
2. What kind of teaching certificate does the applicant now hold?	. What kind of teaching certificate does the applicant now hold?						
With what endorsements listed on it?							
3. Does the person have any teaching experience at all? (circle one)	3. Does the person have any teaching experience at all? (circle one) YES NO						
4. If so, in what teaching area?							
5. When (years)?							
6. List any states other than Idaho where the applicant has held an ed	lucation credential.						
(State)	Expiration date						
6. The Plan							
1. Has the applicant, in conjunction with a college/university or the I list of appropriate course work necessary to attain the necessary certification.		loped a plan or a NO					
2. Which college/university furnished the plan?	the department instead of a co	llege or university.)					
3. A copy of this plan is attached to this application packet.	YES NO						
NOTE: Completion of the plan must now include taking and passing the Idaho Technology Test AND meeting the qualifying score on any applicable PRAXIS II tests that are required for the endorsement(s) that are to be posted on the certificate.							
Checklist							
A complete packet needs to include all of the items listed below. (Us	se this check list to guide you.)						
A check or money order, made out to the Idaho Department of	ntification including adent on the District Request entor the applicant; etion);						

IMPORTANT

Before the actual educator certificate can be issued, the individual will have to furnish verification of having passed the Idaho Technology Test and will have to have met the qualifying score(s) of any applicable PRAXIS II tests required for the endorsements that are to be posted on the certificate. If they are just adding an endorsement to an existing certificate, they will only need the PRAXIS II test for the new endorsement.

TEACHER INFORMATION FORM

For Alternative Authorization/Teacher to New Certification

(TO BE FILLED OUT BY THE INDIVIDUAL FOR WHOM APPLICATION IS BEING MADE)

Please type. Thank you!

NAME:			
First Nam	e Initial	Last Name	Social Security #
1. Name of school Certification.	ol or school district m	naking this application	for an AA-Teacher to New
school or sc	chool district name		dist. #
2. The type of cer	tification being reque	ested is: (please be spec	eific)
(i.e., Secondary Englis	sh; Elementary 3 rd grade; I	District School Nurse; School	ol Counselor; etc.)
COURSEW	ORK NEEDED T	O OBTAIN APPRO	OPRIATE CERTIFICATE
Course Prefix	Course #		Course Title
-			
Use the back if you need mo	re room to list additional coursew	ork OR attach a list if it was furnisl	ned by an appropriate official on a separate form.
3. The course work item #2. The list wa		to obtain the necessary co	ertificate for holding the job listed in
redii #2. The list we	Signature	e of official who furnished the evalu	nation listed above if they used this form
4. Briefly describe	e your plans, including	timelines, for completing	the courses listed above.
5. The anticipated	date of completion of A	ALL requirements, includ	ling the appropriate PRAXIS II tests is:
Applicant's	Signature		Date